

> P.O. Box 30224 Lansing, MI 48909 Toll Free (877) 999-6442 Lansing Area (517) 373-3460 Web site: www.cis.state.mi.us/ofis/

Department of Consumer & Industry Services Kathleen M. Wilbur, Director

DATE: May 22, 2002

LETTER NO.: 2002-CU-05

TO: The Board of Directors and Management of Michigan State-Chartered Credit

Unions

SUBJECT: Internal Revenue Service Form 990

The Office of Financial and Insurance Services files a consolidated Internal Revenue Service Form 990 - Return of Organization Exempt From Income Tax (an informational return) for all Michigan state-chartered credit unions. If your credit union receives any notices or other correspondence from the Internal Revenue Service questioning the filing of this form, please send them a copy of the enclosed tax return.

The enclosed 2001 Form 990 group return is filed based on reports submitted by 286 individual credit unions. We can assume no liability for these individual credit union reports. Liability, if any, for accuracy of these individual reports, tax interpretations, filing of any 990T, and tax liability remains the responsibility of the individual credit union.

Authorization is assumed under the supervisory authority delegated to this Office by the Michigan Statutes, and as authorized by the individual credit unions.

This 2001 return is filed in accordance with Revenue Ruling 60-364, and in compliance with the requirements of Henry Needham's December 31, 1956, letter and with subsequent IRS instructions. In 1987, Congress amended the Internal Revenue Code by adding subsection (e) to Section 6104. This states, in part, as follows:

"During the 3-year period beginning on the filing date, a copy of the annual return filed under Section 6033 (relating to returns by exempt organizations) by any organization to which this paragraph applies shall be made available by such organization for inspection during regular business hours by any individual at the principal office of the organization and, if such organization regularly maintains 1 or more regional or district offices having 3 or more employees, at such regional or district office."

Since state-chartered credit unions must make a copy of the Form 990 available in their offices, we are providing a copy of the 2001 consolidated Form 990. If you have any questions, please contact this office.

Sincerely,

Roger W. Little, Deputy Commissioner

Credit Union Division

Enclosure



State of Michigan John Engler, Governor

Department of Consumer & Industry Services Kathleen M. Wilbur, Director P.O. Box 30224 Lansing, MI 48909 Toll Free (877) 999-6442 Lansing Area (517) 373-3460 Web site: www.cis.state.mi.us/ofis/

May 8, 2002

Internal Revenue Service Center Ogden, UT 84201-0027

Re: 2001 Return - EIN 38-6092097 - Group Exemption No. 1359

This 2001 return is filed in accordance with Revenue Ruling 60-364 and in compliance with the requirements of Henry Needham's December 31, 1956, letter and with subsequent IRS instructions.

This enclosed 2001 Form 990 group return is filed based on reports submitted by 286 individual credit unions. We can assume no liability for these individual credit union reports. Liability, if any, for accuracy of these individual reports, tax interpretations, filing of any 990T, and tax liability remains the responsibility of the individual credit union.

Authorization is assumed under the supervisory authority delegated this Bureau by the Michigan Statutes and as authorized by the individual credit unions.

Also enclosed are:

- * Consolidated Annual Report of Michigan State-Chartered Credit Unions for 2001.
- * A list of the 286 Michigan state-chartered credit unions as of December 31, 2001, including their name, address, and employer identification number per Item J, Group Return Instructions.

Sincerely,

Roger W. Little, Deputy Commissioner Credit Union Division

Enclosures

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

benefit trust or private foundation)

| | | of the Treasur nue Service | y > | The organization may have to | use a copy of this ret | urn to sat | isfy state reportin | g requirements. | Inspection |
|-------------------|--|--|----------------|--|----------------------------|-------------|---------------------|---|--|
| A | For th | ne 2001 c | alendar | year, or tax year beginning | | , 2001, | and ending | | , 20 |
| В | Checkif | applicable: | Please | C Name of organization | | | | | ntification number |
| \neg | | ss change label or MI DEPT OF CONS. & INDUSTRY SVCS. OFIS DFI GRP RETURN | | | | | 38 609209 | | |
| | Name o | hange | print or type. | Number and street (or P.O. box | if mail is not delivered t | street ad | dress) Room/suite | E Telephone nu | |
| | Initial re | itial return See P O BOX 30224 | | | | | | (517)373 | |
| | Final return City or town, state or country, and ZIP + 4 | | | | | | F Accounting metro | | |
| | Amende | ed return | tions. | LANSING MI 48909 | | | | Other (spe | |
| \Box | Applicat | ion pending | | ction 501(c)(3) organizations an | | | | | tion 527 organizations. filates? ☑ Yes ☐ No |
| G | Websi | te > ww | | sts must attach a completed Sci state.mi.us/ofis/ | nedule A (Form 990 or s | 19U-EZ). | H(b) If "Yes" | enter number of al | filiates ▶286 |
| | Orami | zation tuno | (chade i | only one) ► 🗹 501(d) (14) 🔻 | (neart no.) 1 4047(a)(1 | or 🗆 5 | | ffliates included? attach a list. See ir | Yes No |
| | | | | | | | H(d) Isthis as | seoarateretum filedb | van |
| | | | | organization's gross receipts are return with the IRS; but if the orga | | | oromini | ion covered by a gro. | pruling? Ves No |
| | | | | eturn without financial data. Some s | | | | digit GEN ► | 1359 |
| | | | | | 4 040 67 | 2004 | | | anizaton is not required |
| | | | | s 6b, 8b, 9b, and 10b to line | | | | | 0, 990-EZ or 990-PF). |
| Ľ | art I | | | penses, and Changes i | · | und Ba | ilances (See S | pecific instruc | tions on page 16.) |
| | 1 | | | gifts, grants, and similar ar | | ایدا | | | |
| | а | | | upport | | 1a | | | |
| | b | Indirect | • | • • | | 1b | | | |
| | С | | | ontributions (grants) | | 1c | | | |
| | d | | | 1a through 1c) (cash \$ | | |) | 1d | 916,532,390 |
| | 2 | - | | e revenue including governm | | | Part VII, line 93) | 3 | 310,332,330 |
| | 3 | | • | ues and assessments | | | | . 4 | |
| | 4 | | | ings and temporary cash in | vestments | | | . 5 | 333,243,561 |
| | 5 | | | interest from securities . | | | | • 1 | 333,243,301 |
| | 6a | Gross re | | | | 6a 6b | | ////// | |
| | þ | | | penses | | | | 6c | |
| | 7 C | | | me or (loss) (subtract line 6 | ob from line 6a) . | | • • • • • | 7 | (5,571) |
| Revenue | , | | | ent income (describe | (A) Securities | | (B) Other | | (0,0) |
| eve | 8a | | | from sales of assets other | | 8a | | | |
| č | | than inv | - | er basis and sales expenses. | | 8b | | | |
| | 1 | | | attach schedule) | (4 570 075) | | (536,50 | 12) | |
| | d | | | s) (combine line 8c, columns | | 1 3 3 1 1 1 | | 8d | (2,107,477) |
| | 9 | _ | • | and activities (attach sche | | | | . ///// | |
| | 1 - | • | | | of | | | | |
| | - | | | eported on line 1a) | | 9a | | | |
| | Ь | Less: di | rect ex | penses other than fundrais | ing expenses | 9b | | | • |
| | С | Net inco | me or | (loss) from special events (| subtract line 9b from | m line 9a | a) | 9c | |
| | | | | inventory, less returns and | | 10a | | | |
| | 1 | | | oods sold | | 10b | | | |
| | | | | oss) from sales of inventory (a | | act line 10 | Ob from line 10a) | | |
| | 11 | Other re | venue | (from Part VII, line 103) | | | | . 11 | 2,007,991 |
| | 12 | Total re | venue (| add lines 1d, 2, 3, 4, 5, 6c, | 7, 8d, 9c, 10c, and 1 | 1) | <u> </u> | | 1,249,670,894 |
| | 13 | Program | servic | es (from line 44, column (E | 8)) | | | . 13 | |
| Ses | 14 | Manage | ment a | nd general (from line 44, co | olumn (C)) | | | . 14 | |
| Expenses | 15 | | | • | | | | . 15 | |
| ŭ | 16 | | | ffiliates (attach schedule) . | | | | . 16 | |
| | 17 | Total ex | pense | s (add lines 16 and 44, col | umn (A)) | <u> </u> | · · · · | . 17 | 1,120,388,847 |
| sts | 18 | Excess | or (defi | cit) for the year (subtract li | ne 17 from line 12) | | | 18 | 129,282,047 |
| 1556 | 19 | | | und balances at beginning | | | | | 14,791,704,700 |
| Net Assets | 20 | Other ch | nanges | in net assets or fund balar | nces (attach explan | ation) . | | . 20 | 2,451,774,599 |
| ž | 21 | | | ind balances at end of year (| | | | . 21 | 17,372,761,346 |

Part II Statement of Functional Expenses

All organizationsmust complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (d) organizations and section 4947(a)(1) horexempt charitate trusts but optional for others (See Specific Instructions on page 21)

| | Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|--|---|---|---|--|
| 22 | Grants and allocations (attach schedule) | | | | | |
| | (cash \$) | 22 | | | | |
| 23 | Specific assistance to individuals (attach schedule) | 23 | 5 550 040 | | | |
| 24 | Benefits paid to or for members (attach schedule). | 24 | 5,556,616 | | | |
| 25 | Compensation of officers, directors, etc | 25 | 0.40 774 000 | | | |
| 26 | Other salaries and wages | 26 | 249,551,200 | | | |
| 27 | Pension plan contributions | 27 | Included | | | |
| 28 | Other employee benefits | 28 | Included | | | |
| 29 | Payroll taxes | 29 | Included | in line 26 | | |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | 41,031,688 | | | |
| 32 | Legal fees | 32 | Included | in line 31 | | |
| 33 | Supplies | 33 | · | | | |
| 34 | Telephone | 34 | | | | |
| 35 | Postage and shipping | 35 | | | | |
| 36 | Occupancy | . 36 | 39,309,277 | | | |
| 37 | Equipment rental and maintenance | 37 | | | | |
| 38 | Printing and publications | 38 | · | | | |
| 39 | Travel | 39 | 8,986,502 | | | |
| 40 | Conferences, conventions, and meetings | 40 | Included | in line 39 | | |
| 41 | Interest | 41 | 5,037,243 | | | |
| 42 | Depreciation, depletion, etc. (attach schedule) | 42 | | | | |
| 43 | Other expenses not covered above (itenize): a | 43a | 770,916,321 | | | |
| b | CAND ON PARTIES AND ADDRESS OF THE STATE OF | 43b | | | | |
| c | | 43c | | | | |
| d | | 43d | | | | • |
| | | 43e | | | | |
| 44 | Total functional expanses (a dlines 2021 rough 4.3. Organizations completing columns (B)-(D), carry these totals to lines 13—15. | 44 | 1,120,388,847 | | | |
| | | | | | | |
| loir | | 98-2 | | | | |
| Join Are a | t Costs. Check ► ☐ if you are following SOP | 98-2. and fu | ndraising solicitation | n reported in (B) Pro | ogram services?. | ► ☐ Yes ☐ No |
| Are a | It Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaign | and fu | ındraising solicitatio | n reported in (B) Pro e amount allocated | ogram services? . • to Program services | Yes No |
| Are a | at Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cos | and futs \$ | ; (ii) th | e amount allocated | to Program services | Yes No |
| Are a If "Y (iii) t | It Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaign es," enter (i) the aggregate amount of these joint cos he amount allocated to Management and general \$ | and futs \$ | ; (ii) th ; and (iv) th | e amount allocated e amount allocated | to Program services to Fundraising \$ | s \$; |
| Are a If "Y (iii) t Pal | at Costs. Check ► ☐ if you are following SOP arry joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint coshe amount allocated to Management and general \$ till Statement of Program Service Acceptable. | and futs \$ | ; (ii) th ; and (iv) th shments (See S | e amount allocated e amount allocated Specific Instruction | to Program services to Fundraising \$ ons on page 24. | s \$; |
| Are a If "Y (iii) t Par Wha | It Costs. Check ► ☐ if you are following SOP any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint cost he amount allocated to Management and general \$ III Statement of Program Service Accept is the organization's primary exempt purpose? | and futs \$ompli | ; (ii) th ; and (iv) th shments (See S | e amount allocated e amount allocated pecific Instruction | to Program services to Fundraising \$ ons on page 24. | Program Service Expenses |
| Are a If "Y (iii) t Par Wha All o | at Costs. Check ► ☐ if you are following SOP any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint cost he amount allocated to Management and general \$ till Statement of Program Service Accut is the organization's primary exempt purpose? | and fu | ; (ii) th ; and (iv) th shments (See S | e amount allocated e amount allocated pecific Instruction d concise manner. | to Program services to Fundraising \$ ons on page 24 | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |
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| Are a If "Y (iii) t Par Wha All o of cl | any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ 1111 Statement of Program Service Accept is the organization's primary exempt purpose? It is the organization's primary exempt purpose? It is served, publications issued, etc. Discuss ach inizations and 4947(a)(1) nonexempt charitable trusts 286 Michigan state-chartered credit unions further as provided by Public Act 285, Public Acts of (i) | ompli chieverievements a rnishi 1925, Grants | ; (ii) th ; and (iv) th shments (See S ments in a clear an ents that are not m also enter the amou ng co-operative f as amended. and allocations | e amount allocated e amount allocated pecific Instruction of concise manner. leasurable. (Section of grants and allocated services | to Program services to Fundraising \$ ons on page 24. State the number 1 501(c)(3) and (4) ocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |
| Are a If "Y (iii) t Pal Wha All o of cl | any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ 1111 Statement of Program Service Accept is the organization's primary exempt purpose? It is the organization's primary exempt purpose? It is served, publications issued, etc. Discuss ach inizations and 4947(a)(1) nonexempt charitable trusts 286 Michigan state-chartered credit unions further as provided by Public Act 285, Public Acts of (i) | ompli chieverievement a rnishi 1925, Grants | ; (ii) th ; and (iv) th shments (See S ments in a clear an ents that are not m also enter the amou ng co-operative f as amended. and allocations | e amount allocated e amount allocated pecific Instruction of concise manner. leasurable. (Section of grants and allocated services | to Program services to Fundraising \$ ons on page 24. State the number 1 501(c)(3) and (4) ocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |
| Are a If "Y (iii) t Pal Wha All o of cl | art Costs. Check if you are following SOP arry joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general till Statement of Program Service Accust is the organization's primary exempt purpose? rganizations must describe their exempt purpose are ients served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts 286 Michigan state-chartered credit unions further as provided by Public Act 285, Public Acts of (0) | ompli chiever ieveme must a rnishi 1925, Grants Grants | ; (ii) th ; and (iv) th shments (See S ments in a clear an ents that are not m also enter the amou ng co-operative f as amended. and allocations and allocations | e amount allocated e amount allocated Specific Instruction d concise manner neasurable. (Section nt of grants and allo inancial services \$ | to Program services to Fundraising \$ ons on page 24. State the number 1 501(c)(3) and (4) ocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |
| Are a lif "Y (iii) to Pai Wha All o oof cloorga a c | at Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ 111 Statement of Program Service Accust is the organization's primary exempt purpose? rganizations must describe their exempt purpose an itents served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts 286 Michigan state-chartered credit unions further as provided by Public Act 285, Public Acts of (C | ompli chieverievements a rnishi 1925, Grants Grants | ; (ii) th ; and (iv) th shments (See S ments in a clear an ents that are not m also enter the amou ng co-operative f as amended. and allocations and allocations and allocations | e amount allocated e amount allocated pecific Instruction of concise manner. leasurable. (Section of grants and allocated services | to Program services to Fundraising \$ ons on page 24. State the number 1 501(c)(3) and (4) ocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |
| Are a lif "Y (iii) t Pal Wha All o of cloorga a b c c | at Costs. Check ▶ ☐ if you are following SOP any joint costs from a combined educational campaignes," enter (i) the aggregate amount of these joint costs he amount allocated to Management and general \$ 111 Statement of Program Service Accept is the organization's primary exempt purpose? It is the organization's primary exempt purpose are ients served, publications issued, etc. Discuss ach nizations and 4947(a)(1) nonexempt charitable trusts 286 Michigan state-chartered credit unions further as provided by Public Act 285, Public Acts of (Company). | ompli chieverievement a rnishi 1925, Grants Grants Grants Grants | ; (ii) th ; and (iv) th shments (See Second | e amount allocated e amount allocated Specific Instruction d concise manner neasurable. (Section nt of grants and allo inancial services \$ \$ \$ \$ | to Program services to Fundraising \$ ons on page 24. State the number n 501(c)(3) and (4) reations to others.) to members) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) |

Part IV Balance Sheets (See Specific Instructions on page 24

| ١ | lote: | Where required, attached schedules and amounts column should be for end-of-year amounts only. | s within the | e description | (A) Beginning of year | | (B) End s≠ year |
|-----------------------------|------------------|---|----------------|-----------------------------|-------------------------------|-----------|----------------------------------|
| | 45 | Cash—non-interest-bearing | | | 1,297,178,179 | 45 | 1,798,020,413 |
| | 46 | Savings and temporary cash investments . | | | 2,259,524,376 | 46 | 2,816,218,832 |
| | | Accounts receivable | 47a 47b | | | 47c | |
| : | | Pledges receivable | 48a 48b | | | 48c 49 | |
| | 50 | Receivables from officers, directors, truste (attach schedule) | | | 68,017,892 | 50 | 75,732,216 |
| Assets | | Other notes and loans receivable (attach schedule) | 51a 51b | 9,383,480,888 66,364,228 | 8,898,900,282 | 51c | 9,317,116,660 |
| A | 52 53 | Inventories for sale or use | <i>:</i> | <u>.</u> <u>.</u> | 2.452.704.000 | 52 53 | 2 005 002 047 |
| | 54 55a | Investments—securities (attach schedule) Investments—land, buildings, and equipment: basis | ► | Cost L FMV | 2,153,791,899 | 54 | 3,095,082,047 |
| | 56 | Less: accumulated depreciation (attach schedule) | 55b | | | 55c 56 | |
| | b | Land, buildings, and equipment: basis Less: accumulated depreciation (attach schedule) | 57a 57b | | 311,758,083 | | 338,088,729 |
| | 58 59 | Other assets (describe ► | | | 290,176,872 15,279,347,583 | | 193,484,578 17,633,743,475 |
| | 60 | Accounts payable and accrued expenses . | 364,351,520 | 60 | 171,841,759 | | |
| | 61 62 | Grants payable | | 61 62 | 17 1,04 1,7 03 | | |
| Liabilities | 63 | Loans from officers, directors, trustees, and schedule) | d key em | ployees (attach | | 63 | |
| Lia | b | Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach s Other liabilities (describe ▶ | 123,291,363 | 64a 64b 65 | 89,140,370 | | |
| | 66 | Total liabilities (add lines 60 through 65) . | | | 487,642,883 | 66 | 260,982,129 |
| Net Assets or Fund Balances | Orga 67 68 | nizations that follow SFAS 117, check here ▶ 67 through 69 and lines 73 and 74. Unrestricted Temporarily restricted | ► ∐ and | complete lines | | 67 68 | |
| nd Ba | | Permanently restricted | | 69 | | | |
| o P | 70 | complete lines 70 through 74. Capital stock, trust principal, or current fund | 13,124,108,170 | 70 | 15,448,326,948 | | |
| Assets | 72 | Paid-in or capital surplus, or land, building, a Retained earnings, endowment, accumulated | d income, | or other funds | 1,667,596,530 | 71 | 1,924,434,398 |
| Net | | Total net assets or fund balances (add lines 70 through 72; column (A) must equal line 19; column (B) m | | | 14,791,704,700 | 73 | 17,372,761,346 |
| | | Total liabilities and net assets / fund balance | - | | 15,279,347,583 | | |
| | /4 | TOTAL HADINGES AND HEL ASSELS / HUND DAIMIN | es (add i | ines bb and 730 - 1 | 13,213.341.303 | 74 | 17,633,743,475 |

particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| Par | t IV-A | Financia | liation of Revenu I Statements with See Specific Instri | h Revenue | per | Part | F | leconciliation of inancial Stater leturn | | | |
|------|-------------------------|----------------------------------|---|--------------|---|------------------|-------------------------------|--|---|------------------------|--|
| а | Total reve | | and other support | | | а | Total exp | enses and lo | sses per | | |
| | per audite | ed financial | statements | a | N/A | | audited fin | nancial statemen | ts > | a | N/A |
| Ь | Amounts line 12, F | | n line a but not on | | | b | | ncluded on line Form 990: | a but not | | |
| (1) | | alized gains ments | \$ | | | (1) | Donated and use of | | | | |
| (2) | | services of facilities | \$ | | | (2) | Prior year ac reported on | | | | |
| (3) | | es of prior | | | | (3) | Form 990 . Losses rep | \$ | | | |
| (4) | Other (sp | | | | | | line 20, For | rm 990 . \$ | | | |
| | | | • | | | (4) | Other (spe | ecify): | | | |
| | | ints on lines | s (1) through (4) ► | ь | | | | | | | |
| | Add arriot | arits off life. | 3 (1) till odgil (4) | | | | | nts on lines (1) the | rough (4)▶ | b | |
| С | Line a mi | nus line b . | · • | c | | С | | us line b | | C | |
| d | | included o | | | | d | | ncluded on line | | | |
| | |) but not or | n line a: | | | 4.0 | | but not on line a | 1: | | |
| (1) | | t expenses led on line | | | | (1) | Investment of not included | | | | |
| | | 990 | \$ | | | | 6b, Form 99 | | | | |
| (2) | Other (sp | ecify): | | | | (2) | Other (spe | cify): | | | |
| | | | \$ | | | | | \$ | | | |
| | Add amo | unts on line | es (1) and (2) > | d | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Add amou | nts on lines (1) a | and (2) > | d | |
| е | Total reve | enue per lir | ne 12, Form 990 | | | е | | nses per line 17, | Form 990 | | |
| Dar | | | ers, Directors, T | e e | nd Kov | Empl | (line c plus | | if not comp | e | ad: saa Snacifi |
| rai | Ins | tructions on | page 26.) | rustees, a | nu Key | Empi | uyees (List | each one even | ii not comp | ciisat | eu, see speun |
| | | (A) Name | e and address | | (B) Title a week d | nd avera | ige hours per to position | (C) Compensation (If not paid, enter -0) | (D)Contribuor enployeebeaft p deferredorpen | nsto dans& alion | (E) Expense account and other allowances |
| | | | eturn for 286 state sion of Financial I | | | | | | | | |
| | | | I and Insurance S er and Industry Se | | | | | | | | |
| | | | lual credit union o | | | | | | | | |
| | | | oaid volunteers. I | | | | | | | | |
| | | any of the | state-chartered o | redit | | | | | | | |
| unio | no are are | anabic on | icquest. | | | | | | | | |
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| | | | | | | | | | | | |
| 75 | Did any of organization | ficer, directo on and all rel | or, trustee, or key en ated organizations, c | ployee recei | ve aggreg e than \$10 | ate co ,000 w | npensation o as provided t | of more than \$100 by the related orga | ,000 from yo anizations? | ur > [| Yes 🗹 No |
| | | | dule—see Specific | | | | | | | | |

85f f Taxable amount of lobbying and political expenditures (line 85d less 85e) . . 85g qDo es the organization elect to pay the section 6033(e) tax on the amount on line 85f? h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax 85h 86a 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12. 86b **b**Gr oss receipts, included on line 12, for public use of club facilities 87a 501(c)(12) orgs. Enter: a Gross income from members or shareholders. . . . b Gross income from other sources. (Do not net amounts due or paid to other 88 A t any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶___ _____; section 4912 ▶_____; section 4955 ▶__ b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach 89b c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under

d Enter: Amount of tax on line 89c, above, reimbursed by the organization 90a List the states with which a copy of this return is filed ▶ bN umber of employees employed in the pay period that includes March 12, 2001 (See instructions.) Located at ► ZIP + 4 ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . | 92 | Form 990 (2001)

| orm 990 (| | V-4::.:4: /C C | and the lands of | tiana an naa | 221 | Page (|
|---|--|--|--|--|--|--|
| Part VI | | | | | | (E) |
| Note: E indicate | Enter gross amounts unless otherwise ed. | (A) | (B) | (C) | (D) | (E) Related or exempt function |
| | ogram service revenue: | Bushes code | Amount | Exclusion code | Amount | Mcome |
| | oan Interest Income | | | | | 773,885,660 |
| | ees | | | | | 104,294,602 |
| | liscellaneous | | | | | 38,352,128 |
| d | | _ | | | | |
| e | adiagra/Madiagid payments | | | | | |
| | edicare/Medicaid payments | | | | | |
| | embership dues and assessments | | | | | |
| | terest on savings and temporary cash investmen | | | | | 333,243,561 |
| | vidends and interest from securities | | | | | |
| | et rental income or (loss) from real estate: | | | | | |
| | ebt-financed property | | | | | |
| | ot debt-financed property | | | | | |
| | et rental income or (loss) from personal propert | | | 4 | | |
| | ther investment income | | | | | (5,571) |
| | in or (loss) from sales of assets other than invento | | | | | (2,107,477) |
| | et income or (loss) from special events . | | | | | |
| | ross profit or (loss) from sales of inventory | | | | | |
| | ther revenue: a | | | | | 2 007 004 |
| | iscellaneous non-operating | | | | | 2,007,991 |
| c | | | | | | |
| d | | | | | | |
| e | | | / | | | |
| 24 50 | ibtotal (add columns (P) (D) and (F)) | | a . | | | 1.249.670.894 |
| 04 Su 05 To | ubtotal (add columns (B), (D), and (E)) . •••••••••••••••••••••••••••••••••••• | . <i>!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!</i> | | | | 1,249,670,894 1,249,670,894 |
| 05 To ote: Lin Part VI | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities |) | 12, Part I. f Exempt Purp | oses (See Spe | | 1,249,670,894 ns on page 32.) |
| ote: Lin Part VI | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities |)). e amount on line complishment o e is reported in colu | 12, Part I. f Exempt Purp umn (E) of Part VI | oses (See Spe | | 1,249,670,894 ns on page 32. |
| O5 To ote: <i>Lin</i> Part VI Line No. | otal (add line 104, columns (B), (D), and (E) ne 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities to the Activities in the Activities in the Activities of the organization's exempt purposes (of See attachment |) | 12, Part I. f Exempt Purp umn (E) of Part VI g funds for such | oses (See Spe I contributed impurposes). | portantly to the a | 1,249,670,894 ns on page 32. ccomplishment |
| OS To ote: Line Part VII Line No. | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment of the is reported in column that by providing | 12, Part I. f Exempt Purp umn (E) of Part VI ig funds for such regarded Entiti (C) | oses (See Spell contributed impurposes). | ic Instructions (D) | ns on page 32. ccomplishment on page 33.) |
| OS To ote: Line Part VII Line No. | otal (add line 104, columns (B), (D), and (E) ne 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities to the Activities in the Activity for which income of the organization's exempt purposes (otherwise). See attachment Information Regarding Taxable Subseque, address, and EIN of corporation. | e amount on line complishment of the is reported in column than by providing sidiaries and Dis (B) Percentage of | 12, Part I. f Exempt Purp umn (E) of Part VI g funds for such regarded Entiti | oses (See Spell contributed impurposes). | oortantly to the a | ns on page 32. ccomplishment on page 33.) (E) End-of-year |
| OS To ote: Lir Part VII Line No. | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment of the is reported in column that by providing | 12, Part I. f Exempt Purp umn (E) of Part VI ig funds for such regarded Entiti (C) | oses (See Spell contributed impurposes). | ic Instructions (D) | ns on page 32. ccomplishment on page 33.) (E) |
| OS To ote: Lir Part VII Line No. | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment of the is reported in column than by providing sidiaries and Dis (B) Percentage of pownership interest | 12, Part I. f Exempt Purp umn (E) of Part VI ig funds for such regarded Entiti (C) | oses (See Spell contributed impurposes). | ic Instructions (D) | ns on page 32. ccomplishment on page 33.) on page 33.) (E) End-of-year |
| OS To ote: Lir Part VII Line No. | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment of the is reported in column of the complishment of the is reported in column of the | 12, Part I. f Exempt Purp umn (E) of Part VI ig funds for such regarded Entiti (C) | oses (See Spell contributed impurposes). | ic Instructions (D) | ns on page 32. ccomplishment on page 33.) on page 33.) (E) End-of-year |
| OS To ote: Lir Part VII Line No. | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the i | 12, Part I. f Exempt Purpumn (E) of Part VI g funds for such regarded Entiti (C) Nature of a | oses (See Specificativities | ic Instructions (D) Total income | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets |
| OS To ote: Line Part VII Line No. Part IX Na ee atta | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities to the Activities in the Activities to the Activities | e amount on line complishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the is reported in column of the incomplishment of the i | 12, Part I. f Exempt Purpumn (E) of Part VI g funds for such regarded Entiti (C) Nature of a | oses (See Specificativities | ic Instructions (D) Total income | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets |
| Part IX Na Part X (a) Did (b) Did | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the Activities | e amount on line complishment o lie is reported in colu- her than by providin sidiaries and Dis (B) Percentage of ownership interest % % cociated with Person directly orientime thy to emiums, directly o 1720 (see instruction intend this return, including | 12, Part I. f Exempt Purp umn (E) of Part VI g funds for such regarded Entiti (C) Nature of a praypreniums ona r indirectly, on a ons). | es (See Specificativities *tracts (See Specificativities *personal benefit of personal benefit of person | ic Instructions (D) Total income ecific Instruction ecific Instruction contact? [efit contract?] | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets s on page 33.) Yes No Yes No |
| Part IX Na See atta Part X (a) Did Note: / | Information Regarding Transfers Assiditheorganization, during the year, pay prefir "Yes" to (b), file Form 8870 and Form 4 Signature of officer Josephan Line 104, columns (B), (D), and (E), and (E) and Form 4 Signature of officer Relationship of Activities to the Activities the Activities to the A | e amount on line complishment o lie is reported in colu- ther than by providin sidiaries and Dis (B) Percentage of ownership interest % % cociated with Person directly or indirectly to emiums, directly o 1720 (see instruction intend this return, includation of preparer (other | 12, Part I. f Exempt Purp umn (E) of Part VI g funds for such regarded Entiti (C) Nature of a praypreniums on a r indirectly, on a ons). ing accompanying s than officer) is basel | es (See Specificativities **tracts* (See Specificativities **personal benefit of personal benefit of per | ic Instructions (D) Total income ecific Instruction contact? [efit contract? [ments, and to the be of which preparer // 08/ | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets s on page 33.) Yes No Yes No Yes No |
| O5 To lote: Line Part VII Line No. Part IX Na See atta Part X (a) Did (b) Did | Information Regarding Transfers Assed theorganization, during the year, pay prefit heorganization, during the year, pay prefit "Yes" to (b), file Form 8870 and Form 4 Signature of officer Joseph James and title. Preparer's Park Instantia (Day 100 per print name and title. Preparer's Park Instantia (Day 100 per 100 | e amount on line complishment o lie is reported in colu- ther than by providin sidiaries and Dis (B) Percentage of ownership interest % % cociated with Person directly or indirectly to emiums, directly o 1720 (see instruction intend this return, includation of preparer (other | 12, Part I. f Exempt Purp umn (E) of Part VI g funds for such regarded Entiti (C) Nature of a praypreniums ona r indirectly, on a ons). | es (See Specificativities **tracts* (See Specificativities **personal benefit of personal benefit of per | ic Instructions (D) Total income ecific Instruction contact? [efit contract? [ements, and to the both of which preparer **Example 1 [ements and the both of which preparer to the both of the | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets s on page 33.) Yes No Yes No Yes No |
| Part IX Na See attack (a) Did Note: I | otal (add line 104, columns (B), (D), and (E) the 105 plus line 1d, Part I, should equal the Relationship of Activities to the organization of the corporation, partnership, or disregarded entity activities the organization, during the year, receive any funds of the organization, during the year, pay present the organization, during the year, pay present the organization of perjury, I declare that I have examined belief. It is true, correct, and complete. Declaration of the Activities of perjury, I declare that I have examined belief. It is true, correct, and complete. Declaration of the Activities of the Activities to the Activities t | e amount on line complishment o lie is reported in colu- ther than by providin sidiaries and Dis (B) Percentage of ownership interest % % cociated with Person directly or indirectly to emiums, directly o 1720 (see instruction intend this return, includation of preparer (other | regarded Entiti (C) Nature of a paypreniums onar indirectly, on a ons). ing accompanying s than officer) is basel | es (See Specificativities es (See Specificativities a personal benefit of personal b | ic Instructions (D) Total income ecific Instruction contact? efit contract? ments, and to the bell of which preparer te CredH Preparer's SSNor | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets s on page 33.) Yes No Yes No Yes No |
| Part IX Na See attack (a) Did Note: / | Information Regarding Transfers Assed theorganization, during the year, pay prefit heorganization, during the year, pay prefit "Yes" to (b), file Form 8870 and Form 4 Signature of officer Joseph James and title. Preparer's Park Instantia (Day 100 per print name and title. Preparer's Park Instantia (Day 100 per 100 | e amount on line complishment o lie is reported in colu- ther than by providin sidiaries and Dis (B) Percentage of ownership interest % % cociated with Person directly or indirectly to emiums, directly o 1720 (see instruction intend this return, includation of preparer (other | regarded Entiti (C) Nature of a paypreniums onar indirectly, on a ons). ing accompanying s than officer) is basel | es (See Specificativities atracts (See Specificativities a personal benefit of perso | ic Instructions (D) Total income ecific Instruction contact? [efit contract? [ements, and to the both of which preparer **Example 1 [ements and the both of which preparer to the both of the | ns on page 32. ccomplishment on page 33.) (E) End-of-year assets s on page 33.) Yes No Yes No Yes No |



Office of Financial and Insurance Services
Frank M. Fitzgerald, Commissioner

EIN: 38-6092097

P.O. Box 30224 Lansing, MI 48909 Toll Free (877) 999-6442 Lansing Area (517) 373-3460 Web site: www.cis.state.mi.us/ofis/

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30224 Lansing, MI 48909

2001 Form 990

Part I, Line 8c - Gain (Loss)

Totals reported on line 8c represent net gains realized by state-chartered credit unions on the sale of investment securities and fixed assets used in the production of exempt activities. Information for lines 8a and 8b is not available on a consolidated basis; however, credit unions are required to maintain all information necessary to make an accurate determination of such gains or losses.



EIN: 38-6092097

P.O. Box 30224 Lansing, MI 48909 Toll Free (877) 999-6442 Lansing Area (517) 373-3460 Web site: www.cis.state.mi.us/ofis/

Department of Consumer & Industry Services Kathleen M. Wilbur, Director

State of Michigan Department of Consumer & Industry Services Office of Financial and Insurance Services P.O. Box 30224 Lansing, MI 48909

2001 Form 990

Part I, Line 20 - Other Changes in Net Assets or Fund Balances

| Increase in Member Share Capital | \$ 2,442,646,227 |
|--|------------------|
| Net Change in Accumulated Unrealized Gains/(Losses) on Investments | 14,222,839 |
| Miscellaneous Net Decrease in Equity | (5,094,467) |
| | \$ 2,451,774,599 |



Office of Financial and Insurance Services
Frank M. Fitzgerald, Commissioner

EIN: 38-6092097

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Part II, Line 24, Benefits Paid to or for Members

This balance consists entirely of payments made by credit unions for members' disability and life insurance. Schedules are not available on a consolidated basis; however, records of all insurance coverages, and premiums paid, are maintained within the 286 state-chartered credit unions.



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Part II, Line 43 - Other Expenses

| Office Operations |
|---|
| Education and Promotion |
| Loan Servicing |
| Provision for Loan Losses |
| Fees and Charges 4,477,348 |
| Dividends and Interest Paid on Member Shares and Deposits 541,229,555 |
| Miscellaneous |
| \$ <u>770,916,321</u> |



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Part IV, Line 50 - Receivables Due from Officers, Directors, Etc.

Amounts presented as loans to officials are the totals of all loans outstanding to directors and committee persons of 286 Michigan state-chartered credit unions.



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Part VI, Line 82a - Donated Services Received or the Use of Materials, Equipment, or Facilities at No Charge or at Substantially Less than Fair Rental Value

Several of the 286 Michigan state-chartered credit unions receive use of facilities, supplies, or equipment at no cost or reduced cost. This is in keeping with the credit unions' production of exempt services. Credit unions are not required to report the fair market value of donated facilities, supplies, or equipment.



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Part VIII - Relationship of Activities to Accomplishment of Exempt Purposes

| 93a | Loans to credit union members |
|--------|---|
| 93b | Recovery of costs incurred providing financial services to credit union members |
| 93c | Processing fees for member loans; recovery of a portion of the costs incurred providing various benefits to members at no cost to members, other miscellaneous services provided to members |
| 96, 99 | Provision of liquidity requirements and earnings |
| 100 | Sale of various assets providing additional liquidity, sale of assets for the purpose of replacement with assets that will enhance program services provided to members |
| 103b | Revenue indirectly related to program services, earned as a consequence of providing program services |



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Lansing, MI 48909

Part IX – Information Regarding Taxable Subsidiaries and Disregarded Entities

Information on taxable subsidiaries is maintained by individual investor credit unions. Subsidiaries exist primarily for the extension of credit union service activities. Income and assets of subsidiaries is consolidated with investors when applicable and, as such, is included with this return.

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CREDIT UNIONS MERGED DURING 2001

| DATE | FROM | INTO |
|---------|------------------------------------|--|
| 3/17/01 | Stoneport Employees Credit Union | Besser Credit Union 1381 N. Bagley St. Alpena, MI 49707 |
| 4/1/01 | Port Dolomite Credit Union | U.P. State Employees Credit Union 2501 1 st Ave. N. Escanaba, MI 49829 |
| 4/20/01 | Simpson Lee Employees Credit Union | KALSEE Credit Union 2501 Millcork Kalamazoo, MI 49003 |
| 8/31/01 | Central Iron County Credit Union | Alpha-Crystal Falls Community FCU P.O. Box 180 Crystal Falls, MI 49920 |
| 9/1/01 | Alliance Credit Union | Grand Rapids Teachers Credit Union 3809 Lake Eastbrook Blvd. SE Grand Rapids, MI 49501 |
| 9/1/01 | Health Care Credit Union | Grand Rapids Teachers Credit Union 3809 Lake Eastbrook Blvd. SE Grand Rapids, MI 49501 |
| 9/1/01 | St. Mary's Hospital Credit Union | Grand Rapids Teachers Credit Union 3809 Lake Eastbrook Blvd. SE Grand Rapids, MI 49501 |
| 9/18/01 | Lake-View Credit Union | United Federal Credit Union 808 E. Front St. Buchanan, MI 49107 |



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CREDIT UNION NAME CHANGES DURING 2001

| DATE | FROM | ТО |
|---------|--|--|
| 6/29/01 | Allen Park Community Credit Union | Great Lakes Community Credit Union (EIN# 38-1420780) |
| 10/1/01 | Southwestern State Employees Credit Union | Allegis Credit Union (EIN# 38-1565243) |
| 12/1/01 | Iosco School Employees Credit Union | losco Community Credit Union (EIN# 38-1707222) |